UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.23
16 March 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

RELIEF AND REHABILITATION PROGRAMME*

Afghanistan

The Executive Director recommends that the Executive Board approve the relief and rehabilitation programme for Afghanistan for the period 1992-1994 in the amount of $16.5 million from general resources, subject to the availability of funds, and $20.9 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. During the second half of 1991, there was some progress towards a negotiated peace settlement in Afghanistan. The Secretary-General's five-point plan was agreed upon by the Kabul Government and moderate mujahidin groups. The agreement between the United States of America and the former Union of Soviet Socialist Republics concerning the cut-off of arms supplies became effective on 1 Janaury 1992. Representatives of the Governments of Pakistan and the Islamic Republic of Iran and of the mujahidin met to discuss a peaceful settlement. A mujahidin delegation also visited Moscow, resulting in the withdrawal by the former Soviet Union of military advisers from Kabul and the release of Soviet prisoners of war.

2. Unfortunately, even if an agreement is reached between the moderate mujahidin parties and the Kabul Government, a total cease-fire is still far off. More than 1,000 commanders, who have been heavily supported throughout the war with food and funds, will be left out of any new government arrangements and will continue to fight for their power base. Many are benefiting from the sale of opium, which will continue to provide them with the necessary economic support. Therefore, although the scope and level of hostilities are likely to decrease over the next few years, pockets of fighting will remain and families will suffer.

3. Even before the Soviet invasion, Afghanistan was one of the poorest, least developed countries in the world. Thirteen years of war have destroyed the country's physical infrastructure and social fabric and turned one third of the population into refugees. More than 1 million people have died, tens of thousands have been wounded and between 300,000 and 500,000 permanently disabled. There are now an estimated 500,000 to 700,000 widows and orphans.

4. The winter of 1990-1991 was exceptionally hard. As a result of difficult trading conditions and the poor 1990 harvest, food and other commodities were expensive and in short supply. A strong earthquake in the north-east of the country in February and widespread flooding in the south-west created more difficulties for many families. In the spring, the resumption of active military operations sustained the rapid rate of inflation and reduced even further the real value of limited government resources spent on social and development activities, already low because of the high priority accorded to the military.

5. Afghanistan's precarious economic situation is reflected in its social indicators. The infant mortality rate is estimated at 169 per 1,000 live births and the under-five mortality rate at 296 per 1,000 live births. Diarrhoeal diseases, acute respiratory infections (ARI), measles and other vaccine-preventable diseases, together with malnutrition, account for more than 50 per cent of those deaths. The maternal mortality rate was estimated at 690 per 100,000 live births in 1980 and may have increased since. This was primarily because of the lack of prenatal care, untrained birth attendants and unsanitary delivery conditions.

6. According to an assessment of the health sector by the World Health Organization (WHO), in 1990 there were only 82 health centres and 17 sub-centres operating in the country, compared with 147 and 76, respectively, in 1979. They serve barely 17 per cent of the rural population. It is estimated that 39 per cent of the urban and only 17 per cent of the rural population have access to safe drinking water. Environmental sanitation is almost non-existent in rural Afghanistan.

7. In the area of education, the situation is equally distressing. Afghanistan's adult literacy rate of about 29 per cent (14 per cent for women) is one of the lowest in the world; rural women are almost totally illiterate. Thirteen years of war have destroyed the educational infrastructure and disrupted education services. Some 2,000 teachers have been killed and thousands dislocated, while more than 10,000 are under arms. Only 33 per cent of boys and 17 per cent of girls are estimated to be enrolled in primary school, mostly in urban areas.

8. More than a decade of civil strife and social disruption has adversely affected the situation of women. Many have been widowed or have suffered serious disabilities. Despite the fact that women make up more than a half of the country's human resource potential, to date, little investment has been made in programmes to build and harness women's abilities to benefit themselves, their families and communities or national development.

9. In Afghanistan, disability and trauma will be for years to come permanent and costly reminders of the conflict. The most visible disabilities are caused by amputation and poliomyelitis. Less noticeable, but present in increasing numbers, are the visually- and hearing-impaired and the mentally retarded. The problem of war-related mental illness and psychological trauma appears to be greater than previously recognized and cannot be treated adequately by existing services.

PROGRAMME COOPERATION, 1990-1991

10. Major programme emphasis during 1990-1991 was on emergency intervention and child survival activities, especially immunization. However, cooperation in water supply and sanitation was also expanded and new activities were developed for women with special needs and children in especially difficult circumstances. Because of a lack of government personnel and trained counterparts in general, UNICEF strengthened its presence in Afghanistan, increasing the number of Professional staff from 3 to 18. For the first time, staff were able to travel outside the major cities and to establish contacts with local leaders and rural communities.

Health

11. The expanded programme on immunization (EPI) focused on improving coverage in urban and peri-urban areas. UNICEF helped to resupply vaccines and to maintain the cold chain at 116 fixed EPI units operated by the Ministry of Public Health, 12 of which were newly established, and at 14 fixed centres established by communities in mujahidin areas. A large-scale training/retraining programme was initiated for the estimated 1,000 EPI personnel, reaching 300 by the end of 1991, while 400 community and religious leaders were oriented in order to increase community involvement. Monitoring activities were intensified and steps were taken to improve the reporting and data-processing systems.

12. Efforts were made to restructure the rural programme, which is implemented by eight non-governmental organizations (NGOs) in order to conform to WHO/UNICEF guidelines. The target age for children was reduced from five to two years, with emphasis on reaching children under the age of one year as much as possible, while the vaccine regimen was also modified. The central cold store in Peshawar was improved further through the installation of 10 additional ice pack freezers, and seven vaccine storage facilities were established in strategic rural locations, thus reducing the time vaccinators spend travelling to Peshawar to resupply.

13. During 1990, more than 208,000 children under one year of age in urban areas received three doses of combined diphtheria/pertussis/tetanus vaccine, while 169,000 received one dose of measles vaccine, which exceeded the target set. In the rural programme, some 120,000 children under five years of age (25 per cent of the target) were fully immunized, as were 89,000 women between the ages of 15 and 45 years old (30 per cent of the target). Taking into account the increased focus on children under one year of age during 1991, complete immunization of this age-group is expected to reach 30 per cent nationwide by the end of 1992. Tetanus toxoid coverage of women of child-bearing age continues to be low, at 4 per cent nationally; only half of the targeted women between the ages of 14 and 45 years (166,753) received two doses.

14. Regarding the control of diarrhoeal diseases (CDD), increased emphasis was placed on improving knowledge of diarrhoea management and oral rehydration therapy (ORT) and on raising the demand for oral rehydration salts (ORS). Some 50 ORT corners were set up in Kabul and another 50 in seven other urban centres. Those corners are each staffed by two health workers whose training and orientation in CDD were supported by UNICEF. The clinical programme was supported by a continuing mass media campaign focusing on home management of dehydration, proper feeding during diarrhoea episodes and related health matters. The production of ORS reached 1.75 million packets in 1991 (the estimated annual requirement is 3 million packets), which are distributed from 375 health institutions and schools in Kabul and in both government and mujahidin-controlled areas in 20 provinces.

15. The maternal and child health (MCH) project assisted minor renovations of 50 health centres in areas controlled by the Government and 14 in mujahidin-controlled areas, and also distributed essential drugs, health supplies and equipment in 21 provinces. Micronutrient supplements to combat anaemia, vitamin A deficiency and iodine deficiency disorders were distributed through 140 health centres in both government and mujahidin areas. Primary health care (PHC) training, with particular emphasis on MCH, was provided to 175 health staff, 110 traditional birth attendants (TBAs) and 53 community health volunteers. Discussions have begun with WHO and the United Nations Population Fund (UNFPA), which are currently trying to renew an emphasis on family planning and child spacing in the country, on integrating the promotion of safe motherhood into those efforts. During 1991, community leaders were identified by UNICEF field staff and contacted individually to facilitate communications with mothers in their communities. The great majority were responsive and helped to increase the access to those previously unreached by MCH services.

16. A programme to control ARI was initiated during 1991, in consultation with WHO. Treatment guidelines were disseminated during the training of 115 medical and paramedical staff at Kabul. Treatment charts and related educational materials highlighting advice on home care, referral and the rational use of antibiotics were prepared and distributed, while supplies of appropriate drugs and equipment were procured and delivered. A part-time national project manager for ARI control was appointed by the Government in the Ministry of Health.

Water supply and sanitation

17. For the first time since 1979, water supply and sanitation activities were expanded outside Kabul to the provinces of Herat, Balkh and Baghlan in 1990. In 1991, activities were carried out in nine provinces, focusing primarily on providing or reactivating water points in schools, hospitals, mosques and children's institutions, as well as rehabilitating village water supply systems. Because of the grave shortage of skilled technicians, UNICEF supported short courses in the rehabilitation and development of water supply and sanitation systems and the development of ground-water and drilling techniques for 150 participants from eight provinces. In addition, sanitation campaigns were implemented in the cities and surrounding areas of Kabul, Mazar, Herat and Faizabad. The World Food Programme (WFP) assisted the campaigns by providing food for work. In Mazar, UNICEF provided shovels and lime and hired horse-drawn carts to remove garbage. With the support of the community, refuse was collected, deposited in a designated site and covered with lime, preventing an annual outbreak of cholera.

Nutrition

18. In order to raise awareness of how better nutrition practices can improve child growth and development, a nutrition module was included in all sectoral training supported by UNICEF, and appropriate communication materials were

circulated and broadcast on radio and television. Because declining breast-feeding in urban areas has become a concern, the Kabul Government has developed legislation to promote breast-feeding instead of breast milk substitutes. A few mullahs already support breast-feeding through their sermons in the mosques; that and other avenues to raise public awareness are being pursued.

Education

19. In 1991, the recommendations of the World Conference on Education for All were reviewed by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP) and UNICEF, resulting in the launching of a national seminar that was attended by 127 education directors, teachers and community leaders. During 1990, UNICEF assistance included the procurement of basic school supplies for 400,000 primary school children and classroom supplies for more than 50 schools. Three-week "crash" training courses were organized for 500 untrained teachers, mostly women, in Kabul, Mazar, Herat and Nangarhar. UNICEF also provided basic pupil and classroom supplies to 70 selected school centres, set up and maintained by the community and serving about 70,000 primary-age children in four provinces. Some 40 per cent of the assistance went to mujahidin areas.

Women with special needs

20. In collaboration with the Afghan Women's Council, 500 women were trained in various aspects of mobilization and leadership. Pilot income-generation and skills training projects were initiated for 587 needy women in Kabul and Mazar. Some 800 literacy classes are operating in government-controlled areas of 11 provinces, reaching a total of 24,000 women. A database is being established that will utilize the Council's network. According to early unverified indications, 21 per cent of the women in Kabul are widows and 13 per cent have some kind of impairment.

Children in especially difficult circumstances

21. Finding the right partners for carrying out activities for children in especially difficult circumstances has been difficult. However, given the great need in this area, UNICEF has supported a number of NGO initiatives on a pilot basis. In 1990, UNICEF provided assistance to a home for abandoned children and children whose parents are imprisoned, which was established by the Norwegian Red Cross. In collaboration with the International Assistance Mission, special burn packs were developed and distributed to children burned by flares falling on Kabul. During 1991, the International Committee of the Red Cross (ICRC) agreed to collaborate with UNICEF in extending prosthesis and orthopaedic services to more children and women. A consultant is being provided by UNICEF to design and implement rehabilitation programmes for those disabled children. In addition, some 311 disabled or impaired children identified by a project of the International Labour Organisation (ILO) are being assisted by UNICEF through the Afghan Red Crescent Society (ARCS).

Winter emergency programme

22. From January to May 1990, 90,000 children under five years of age were screened in Kabul, Mazar and Herat and 25,000 identified as moderately malnourished received supplementary food. Three hospitals catering to children were rehabilitated and served as referral centres for the severely malnourished. In addition, 30,000 children's blankets, 40,000 adult blankets and 50,000 bars of soap were distributed to needy families, while 360 emergency medical and supplementary drug kits were made available to health institutions.

23. The United Nations Office of Coordination for Afghanistan (UNOCA) launched another winter emergency appeal for 1991. In response, UNICEF carried out an extensive emergency programme that focused on nutrition screening and the distribution of supplementary food and micronutrient supplements. Those activities increased the access of UNICEF to a great number of communities in both urban and rural areas. Consequently, UNICEF regular programmes such as EPI and nutrition have been developed further and extended to those communities. Between December 1990 and May 1991, the programme was carried out in 13 provinces, benefiting 285,000 children, of whom 45 per cent were in mujahidin-controlled areas.

Emergency preparedness

24. Programme bases were established in Mazar and Herat, in addition to those in Kabul and Peshawar, in order to increase service delivery to as many rural and urban areas as possible. Assessment and various programme delivery-related missions were carried out in 20 of the 30 provinces. Staff were also stationed for shorter periods in Faizabad, Zaranj, Lashkargah and Bamyan during an earthquake and flood disaster relief operation mounted by the United Nations in the first half of 1991. That enabled the distribution of essential drugs and micronutrient supplements and provided vital information on the political situation and the possibility of establishing services for vulnerable groups. Contacts made with shuras (local councils) have paved the way for advocacy for child survival and increased demand for child-saving interventions. Five warehouses with a capacity of 5,000 tons were maintained in four provinces.

Assistance to refugees

25. In the refugee camps located in three provinces of Pakistan, UNICEF continued to assist immunization and CDD activities carried out by the Office of the United Nations High Commissioner for Refugees (UNHCR), in cooperation with the Government of Pakistan. In two provinces, 80 per cent of children under two years of age and 60 per cent of women of child-bearing age have been fully immunized; in the third, only 57 per cent of each group have been immunized. A comprehensive CDD programme was formulated, focusing on training health workers in correct case management and increasing the knowledge of caretakers about diarrhoea management and prevention. Some 250,000 ORS packets were distributed, while pregnant women received iron, folic acid and vitamin A supplementation. In collaboration with NGOs, a series of

silk-screened posters, flipcharts and booklets with simple health messages was developed, printed and distributed; TBAs, female health workers and supervisors were trained; and a pictorial handbook for female health workers was produced.

RECOMMENDED PROGRAMME COOPERATION, 1992-1994

Recommended general resources: $16,500,000
Supplementary funding: $20,900,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	7 250	8 760	16 010
Water supply and sanitation	1 500	6 260	7 760
Nutrition	750	480	1 230
Education	1 350	1 750	3 100
Women-centred programme	750	1 200	1 950
Children in especially difficult circumstances	750	1 250	2 000
Emergency preparedness	1 500	1 200	2 700
Programme support	2 650	-	2 650
Total	16 500	20 900	37 400

a/ A breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

26. Despite the many efforts to arrange a peaceful solution to the conflict in Afghanistan, fighting may continue for some time. Therefore, the 1992-1994 programme will continue to have an emergency orientation, but rehabilitation will also be stressed and activities will be planned with a view to laying the groundwork for a future development programme. The objectives are to promote child survival, meet emergency relief needs, assist children and women in especially difficult circumstances and support the rehabilitation of essential services.

Programme strategy

27. Afghan women and children most in need will remain the focus of UNICEF-assisted interventions. Programme activities will be designed to respond and adjust to the changing realities of the country. Despite continuing hostilities, experience has shown that by working with a number of different partners, it is possible to extend services beyond the major cities to other provincial and district capitals, as well as to a growing number of rural areas.

28. The implementation strategy will be to work through all possible channels, especially with community leaders in both urban and rural areas, either directly or through NGOs. The office structure, security permitting, will include staff outposted to five key locations in order to facilitate local contacts. Because of the shortage of trained counterparts, it will be a more "hands-on" operation than is normal for UNICEF and, therefore, staff intensive. In addition to reinforcing staff capacity, it is planned to employ United Nations Volunteers. Emphasis will be placed on empowering the community to solve its own problems and manage community services since no central Government will be able to meet social needs in the foreseeable future.

29. Given that urban areas are more accessible, have better infrastructures and at present are more populous, the programme will inevitably have an important urban focus. However, it has become increasingly possible to work in rural areas, and a major aim will be to provide a balanced programme of urban and rural assistance.

30. Efforts will continue to achieve national coverage with selected key activities: EPI; CDD; distribution of micronutrient supplements, particularly vitamin A; supply of essential drugs; and strengthening of PHC centres. A wider range of interventions will be promoted at the subnational level as needs are identified and opportunities arise. Taking into account the background and attitudes of some ethnic and religious groups, it will be necessary to adopt different approaches in different areas, especially in relation to activities benefiting women and girls.

Health

31. The objective of the EPI project is to raise the level of coverage of children under one year of age to 60 per cent by 1994, immunizing 223,000 children from Kabul and 140,000 from Peshawar in 1992 and larger numbers in 1993 and 1994 if the political/security situation improves. In addition, it is intended to immunize annually 352,000 women between the ages of 15 and 44 years from Kabul and 450,000 between the ages of 5 and 44 years from Peshawar. The problem of inadequate coverage of women will be addressed by promoting the recruitment, training and placement of couples so that female vaccinators, working with their husbands, can help to overcome the cultural and religious barriers faced by the largely male teams; in addition, a special school-based health education activity will be initiated in urban areas.

32. Some 250 fixed EPI facilities will be supported in order to develop outreach to villages and communities in their catchment areas. In addition, 86 new, fixed centres will be established, while an estimated 150 mobile teams will operate in areas without fixed centres. Five regional cold stores will be set up to improve vaccine storage and distribution and solar refrigerators will be tested in 20 locations. The training of new staff, refresher training and active supervision will continue to be stressed. In order to encourage families to have their eligible members vaccinated, orientation will be organized for community leaders, schoolteachers, religious leaders and women's groups.

33. In the refugee camps in Pakistan, priority will be given to ensuring that infants are fully immunized by 12 months of age and that all pregnant women are adequately protect against tetanus.

34. The CDD programme will continue to promote proper case management and the timely use of ORS. Training will be organized for 750 health staff, as well as orientation for 600 schoolteachers, 750 drug retailers and 1,500 community and religious leaders and women's groups. A CDD awareness campaign will be undertaken during the peak diarrhoea season to intensify ongoing community education activity, reaching at least 7,500 mothers.

35. Annual production of ORS will be increased to 3 million packets in 1992. In addition to the normal distribution to health facilities, packets will be positioned in advance in regional storage centres prior to the peak diarrhoea seasons. Mobile vaccination teams will also carry a supply with them and will be trained to teach the communities about the importance of ORT and how to mix the packets. ORT corners will be set up in 110 urban and an estimated 45 rural health centres and will serve as distribution outlets for ORS, as well as referral points for severe cases of diarrhoea.

36. The ARI project will be expanded initially to Herat, Mazar, Jalalabad and Faizabad, benefiting 150,000 children, and then to other areas. Training will be carried out for 150 medical and paramedical personnel as a necessary step to combat inappropriate drug use and to encourage early diagnosis and effective management. Advocacy and the creation of public awareness will be important activities.

37. UNICEF will continue to support the gradual improvement of PHC services through the provision of medical supplies and equipment, including essential drugs. The objective is to reach 2.5 million children and women in 28 provinces. This will also mean expanding the number of health and MCH centres by repairing the physical infrastructure and by training staff. Some 1,200 health staff in both government- and mujahidin-controlled areas will be trained in various aspects of PHC, with an emphasis on MCH. In addition, 600 TBAs will be identified and given training and kits, while 900 primary and preschool teachers will be trained and supplied with first aid kits. Utilizing EPI and public health networks, 300,000 children under five years of age will receive vitamin A capsules and 450,000 pregnant women will receive iron and iodine supplements.

38. Increased emphasis will be placed on safe motherhood. Assistance will be provided to establish a referral system for maternity hospitals in Kabul and maternity units in provincial hospitals. Considerable support will be given for the production and dissemination of information, education and communication materials on the importance of antenatal and post-natal care, birth spacing and the prevention of high-risk pregnancies, in addition to immunization, ORT, ARI, breast-feeding, growth monitoring, hygiene and sanitation. An additional 9,000 copies of Facts for Life will be printed and distributed to schools and health centres; flip charts and leaflets will also be reproduced and emphasis will be put on increasing the spread of messages through radio and television.

Water supply and sanitation

39. The provision of safe water is an urgent and widespread need in both urban and rural areas. UNICEF will focus on repairing and rehabilitating water supply schemes initially in 12 provinces, as well as supporting the construction of new ones in communities that are prepared to share in the activities, especially future maintenance. Emphasis will also be placed on providing water to schools in urban areas and health institutions. In rural areas, UNICEF, in cooperation with UNDP, will provide safe water to some NGO health facilities with ORT corners and/or MCH activities; a significant health/hygiene education component will be built into the project.

40. To promote improved sanitation, 300 low-cost demonstration latrines will be constructed for poor families, and the summer campaign will be carried out in five provincial capitals. Some 180 technical, managerial and programme staff of the Rural Water Supply Department and a similar number from opposition-controlled areas will be trained in areas such as repair and maintenance, drilling and the design and construction of water supply and environmental sanitation systems. Some 750 community and religious leaders, teachers and health workers will receive orientation on the causes and prevention of water-borne and excreta-related diseases.

Nutrition

41. In order to begin combating child and maternal malnutrition, a comprehensive nutrition package, including growth monitoring, applied nutrition, selective food supplementation and intensive training and communication activities, will be designed and implemented initially in six districts where the problem is most serious. Emphasis will be placed on proper nutrition practices during antenatal care and on breast-feeding immediately after birth. Nutrition surveys will be carried out in six provinces in order to provide baseline data.

Basic education

42. Advocacy for education for all will continue with seminars for high-level policy makers and planners, followed by similar meetings at provincial and district centres. A joint UNESCO/UNICEF pilot scheme will develop life and skills-oriented education appropriate for Afghanistan. Initially, 50 basic education centres will be established in selected deprived areas of six provinces to serve 300,000 children. Communities willing to set up centres for both boys and girls, together or separately, will be given priority. The project will promote community ownership of educational institutions, which should provide both formal and non-formal education for the whole community and serve as social service delivery outlets as well as learning facilities. Teacher training and the local production of basic teaching and learning materials will also be stressed. In addition, 300 poor primary schools will be provided with essential equipment and supplies.

Women's development

43. UNICEF will consolidate its partnership with the women's groups and communities that it worked with in the previous planning period and also utilize the network of the Afghan Women's Council and the Afghan Women's Society to help solve the problems of the most disadvantaged women. To extend the programme, efforts will be made to identify key women and to train them to mobilize other women in their communities to contribute more actively to improving family welfare. In addition, activities will include home and community-based skills training, income generation and small food production, tree planting for firewood and ecological improvement, functional literacy programmes and humanitarian assistance for vulnerable women in time of crisis.

Children in especially difficult circumstances

44. In cooperation with ICRC, the League of Red Cross Societies, ARCS and the International Assistance Mission, UNICEF will provide assistance to some 3,000 disabled, abandoned and disadvantaged children in six provinces. Fifteen "drop-in" centres for street children will be established. They will provide health, recreation, skills training and counselling, in addition to two hot meals a day and washing facilities. Six provincial surveys of children in especially difficult circumstances will be carried out in collaboration with the ARCS community-based rehabilitation services for children, while a database will be established to collect, analyse and coordinate information and services for all problems affecting such children.

Emergency preparedness

45. Assuming continuing instability in the country, UNICEF will strengthen its capacity to respond rapidly to the needs of the most vulnerable groups by setting up three additional operational bases in Taloqan, Bamyan and Kandahar. The bases will improve access to rural areas and increase knowledge and understanding of the local situation. Early warning mechanisms will be established and supervised in collaboration with other United Nations agencies, and a contingency plan for the mass return of refugees will be worked out with UNHCR.

46. With bases in six locations inside Afghanistan and in Peshawar that include supply centres for the pre-positioning and distribution of essential commodities, UNICEF will strive to respond to emergencies as well as to support the delivery of services throughout the country.

Cooperation with other agencies

47. This relief and rehabilitation programme has been developed within the framework of the joint United Nations plan for humanitarian assistance for Afghanistan, coordinated by UNOCA. A major programme review exercise held at Islamabad in October 1991 brought togetther key staff of all the participating agencies of the United Nations system for the first time. The strategies of this programme have been widely shared, and links for cooperation and coordination with other United Nations agencies such as UNHCR, ILO, WHO, UNESCO, UNFPA and WFP have clearly been identified. NGOs working in both urban and rural areas will continue to be important partners of UNICEF in the Afghanistan programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Afghanistan (1990 and earlier years) UNICEF country classification

Under-five mortality rate	292	(1990)	Very high U5MR
Infant mortality rate	167	(1990)	Very high IMR
GNP per capita	$ 280	(1987)	Low GNP
Total population	16.6 Million	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	716	789	735	888
Infant deaths (under 1)	(thousands)	142	144	131	148
Under-five deaths	(thousands)	250	253	229	259
Under-five mortality rate (per 1,000 live births)		349	320	311	292
Infant mortality rate (under 1) (per 1,000 live births)		199	183	178	167

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	38*	..
	Severe	7*	..
Babies with low birth weight (%, 1979/1987)		20*	20
% of primary school children reaching final grade (1980/1988)		54	78

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1983)		../../..	../ 74a/ 61a
Prevalence of wasting (%, 1980/1985)		..	..
Prevalence of stunting (%, 1980/1985)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-86)		94	94
Food production per capita index (Index 1979-1981=100, 1980/1990)		..	..
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988-1989)			11
Access to health services	Total	..	29
(% of population, 1980/1985)	Urban/rural	../ ..	80/ 17
Access to safe water	Total	11	21
(% of population, 1980/1988)	Urban/rural	28/ 8	39/ 17
Access to adequate sanitation	Total	..	..
(% of population, 1980/1985)	Urban/rural	../ ..	5/ ..
Births attended by trained personnel (%, 1977/1989)		5	9*
Maternal mortality rate (per 100,000 live births, 1975/1989)		690	640*

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	8	17	30
	DPT	3	15	25
	Polio	3	15	25
	Measles	6	14	20
Pregnant women (%) immunized against	Tetanus	3	11	3

/...

TABLE 1 (continued)

Afghanistan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	33/ 29	25/ ..
(%, 1980/1988)	Male	54/ 46	33/ ..
	Female	12/ 11	17/ ..
Secondary enrolment ratio (gross/net)	Total	10/ ..	8/ ..
(%, 1980/1988)	Male	16/ ..	10/ ..
	Female	4/ ..	7/ ..
Adult literacy rate, 15 years & older	Total	8	29
(%, 1970/1990)	Male/female	13/ 2	44/ 14
Radio/television sets			
(per 1,000 population, 1980/1988)		75/ 3	102/ 8

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Million)	13.6	16.1	14.5	16.6	26.5
Population aged 0-15 years	(Million)	..	7.3	6.4	7.3	11.8
Population aged 0-4 years	(Thousands)	..	2650.0	2392.7	2963.2	4690.2
Urban population (% of total)		11	16	17	18	22
Life expectancy at birth	Total	37	40	41	43	47
(years)	Male	37	40	41	42	46
	Female	37	41	42	43	47
Total fertility rate		7.1	7.1	6.9	6.9	5.9
Crude birth rate (per 1,000 population)		52	50	49	51	43
Crude death rate (per 1,000 population)		27	24	23	23	18

		About 1980	Most recent
Contraceptive prevalence rate		2	..
(%, 1976)			
Population annual growth rate	Total	2.4	0.3
(%, 1965-1980/1980-1990)	Urban	6.0	1.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		0.6	..
(%, 1965-1980)			
Inflation rate (%, 1965-1980/1980-1989)		5	..
Population in absolute poverty	Urban/rural	18/ 36	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../ ..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	../ ..	../ ..
(% of total expenditure, 1980/1989)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	32	95
(1980/1989)	As % of GNP	2	..
Debt service			
(% of goods & services exports, 1980/1989)		..	..

a/ Kabul only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1991

(In thousands of United States dollars)

COUNTRY: AFGHANISTAN
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $10,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health		46				7		5		58	58
Emergency	2528	5433	174	149	3558	884	1080	1339	7340	7805	15145
GRAND TOTAL	2528	5479	174	149	3558	891	1080	1344	7340	7863	15203

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1992-1994

(In thousands of United States dollars)

Country: AFGHANISTAN Period covered: 1992-1994	Funding status	1992	1993	1994	Total
Health	GR	2400	2425	2425	7250
	FSF	1600			1600
	NSF	3260	2750	2750	8760
Water supply and sanitation	GR	500	500	500	1500
	NSF	1630	2130	2500	6260
Nutrition	GR	250	250	250	750
	NSF	100	180	200	480
Education	GR	450	450	450	1350
	NSF	350	600	800	1750
Women-centred programme	GR	250	250	250	750
	NSF	300	450	450	1200
Children in especially difficult circumstances	GR	250	250	250	750
	NSF	250	500	500	1250
Emergency preparedness	GR	500	500	500	1500
	FSF	130			130
	NSF	500	500	200	1200
Programme support	GR	900	875	875	2650
	FSF	430			430
TOTAL	GR	5500	5500	5500	16500
	FSF	2160			2160
	NSF	6390	7110	7400	20900
GRAND TOTAL		14050	12610	12900	39560

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: AFGHANISTAN	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	4	981
Local national Professional and General Service established posts	16	1398
Operating costs		593
Total	20	2972
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	11	2554
Supplementary funds	3	556
Local national Professional and General Service project posts		
General resources	18	108
Supplementary funds	13	78
Total	45	3296

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.